ARIZONA STATE BOARD OF HEALT	H State File No. 20 4
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	Negasered No.
County Gila State august	<u> </u>
District or Township	
City Yesle No. (CV) it a localistic institution	St. Ward
(It child is not yet named, make	
2. Full name of child & ugene Terry Drewer supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, diplet or other	7. Date of hirth Nov. 1 - 1729 Year
FATHER 14.	ozalee Brunson
9. Residence (Usual place of abode) If non-resident, give place and state. 15. Residence (Usual place of abode) If non-resident, give	place and state. and
16 Color of Face	1 // //
While 11. Age at last birthday 21 (Years)	17. Age at last birthday. 18 (Years)
12. Birthplace (city or place) Place and Valley (State or country) (State or country)	aco) Rosevelt aring.
13. Occupation Nature of industry Nature of industry	Housewife
20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. (c) Stillborn.	21. Were precautions taken against oph- thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born slive or stillborn.)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Olymician (Physician or Market).	
Given name added from a supplemental report Month, day, year Filed 1217, 1924	The lighton mes
Registrar 579-1107-59-55	Registrar